



# ARIZONA STATE RETIREMENT SYSTEM (ASRS) Re-RETIREMENT APPLICATION

PLEASE PRINT

COMPLETE AND SEND TO:  
ASRS – New Retiree  
PO Box 33910  
Phoenix, AZ 85067-3910

Phoenix (602) 240-2000  
Tucson (520) 239-3100  
Toll-Free (800) 621-3778  
Fax (602) 240-5388  
[www.azasrs.gov](http://www.azasrs.gov)

Disclosure of your Social Security number is mandated by Section 6109 of the Internal Revenue Code. The ASRS will use Social Security numbers only to obtain information about your ASRS account and to inform the Internal Revenue Service about distributions and withholdings.

**Instructions: Complete Sections 5 and 6 ONLY if you suspended your annuity and returned to work for an ASRS employer for a minimum of sixty consecutive months. (Five years not including any service purchases.)**

## SECTION 1 – Member Information

Social Security Number	Member Name (Last)	(First)	(Middle Initial)
Mailing Address			Daytime Telephone Number ( )
City	State	ZIP	Date of Birth (MM/DD/YYYY)
ASRS Employer		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	

## SECTION 2 – Retirement Date

Re-Retirement Date (At least one day after Termination Date.) \_\_\_\_\_ (MM/DD/YYYY)

### Note:

- A retirement date must be listed or your application will be rejected. The retirement date must be at least one day after your termination date and may not be sooner than the date your application is received by the ASRS.
- Your pension will be suspended** if you return to work for an ASRS employer and work 20 or more hours a week for 20 or more weeks in a fiscal year or if you accept a 20+ hour/week position. The only exceptions are the following:  
Normal retiree: You wait 12 months from your termination date to accept a 20+ hour/week position.  
Early retiree: You achieve normal retirement and wait 12 months from your termination date to accept a 20+ hour/week position.

## SECTION 3 – Direct Deposit – Complete this section and attach a voided check.

Deposit directly into my: ☐ Checking Account **or** ☐ Savings Account (Check only one.)

*If you do not elect direct deposit, your monthly pension will be issued on a reloadable ASRS benefit card.*

Banking Institution \_\_\_\_\_

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

The routing number is always 9 digits for a U.S. check.

Your monthly pay summary will be available online at [www.azasrs.gov](http://www.azasrs.gov)

089400988	00149843	1438
ROUTING NUMBER	ACCOUNT NUMBER	CHECK NUMBER
089400988	1438	3910 409843
ROUTING NUMBER	CHECK NUMBER	ACCOUNT NUMBER

## SECTION 4 – Additional Notifications

- ☐ I request the outstanding balance be computed on my Payroll Deduction Authorization for a possible payoff at re-retirement.
- ☐ I have a current service purchase request in process.



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Social Security Number	Member Name (Last)	(First)	(Middle Initial)
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**SECTION 5 – Benefit Election**

Complete this section **ONLY** if you suspended your annuity and returned to work at least sixty consecutive months; otherwise, by law you will be re-retired with the same retirement option and beneficiary(ies) selected at your first retirement.

Effective July 1, 2013 married members of the ASRS are required to:

- 1) Elect one of the following retirement options with your current spouse as primary beneficiary.
  - Joint & Survivor – 100%
  - Joint & Survivor – 66 2/3%
  - Joint & Survivor – 50%

Married members who choose a Joint and Survivor option with a non-spouse beneficiary, or choose any other retirement option require a notarized **Spousal Consent Form**.

- |   |  |
|---|--|
| <input type="checkbox"/> Straight Life Annuity          | <input type="checkbox"/> Joint and Survivor – 100%*    |
| <input type="checkbox"/> Life Annuity – 5-Year Certain  | <input type="checkbox"/> Joint and Survivor – 66 2/3%* |
| <input type="checkbox"/> Life Annuity – 10-Year Certain | <input type="checkbox"/> Joint and Survivor – 50*      |
| <input type="checkbox"/> Life Annuity – 15-Year Certain |  |

**SECTION 6 – Beneficiary Information**

Complete this section **ONLY** if you suspended your annuity and returned to work at least sixty consecutive months. Otherwise, by law you will be re-retired with the same retirement option and beneficiary(ies) selected at your first retirement.

For additional beneficiaries, please download a Beneficiary Form at [www.azasrs.gov](http://www.azasrs.gov) to submit with your Re-Retirement application.

<input checked="" type="checkbox"/> <b>Primary</b>		<b>Percent of Benefit:</b> _____ %	
<input type="checkbox"/> SSN or <input type="checkbox"/> TIN	Beneficiary Name: <input type="checkbox"/> Person (Last, First, Middle) <input type="checkbox"/> Estate <input type="checkbox"/> Organization <input type="checkbox"/> Trust		
Birth Date (MM/DD/YYYY)	Gender (Check One) <input type="checkbox"/> Male <input type="checkbox"/> Female	Legal Relationship (Check One) <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other	Telephone Number (       )
Mailing Address		City	State      ZIP

**SECTION 7 – Acknowledgments and Signatures**

- My signature confirms my intent to re-retire and applies to all the sections included in this Re-Retirement Application.
- I understand that as a re-retiree, I must keep the same retirement option and beneficiary I selected at my first retirement unless I have resumed work for at least sixty consecutive months (5 years). After re-retirement I may change my named beneficiary by submitting a Beneficiary Form and I understand this may change my monthly annuity.
- I authorize the banking Institution listed on page 1 to release address information in the event member mail is returned to the ASRS.
- I acknowledge that I have complied with Arizona Revised Statutes §§ 38-755 and 38-766 regarding spousal consent.
- I certify that I have read and understand the instructions and the *Special Tax Notice Regarding Plan Payments* sent to me by the ASRS.
- I authorize the ASRS and the banking institution listed on page 1 to debit my account for the purposes of correcting errors and returning any payments inadvertently made after my death.
- I understand that any person who knowingly makes any false statement with intent to defraud the ASRS is guilty of a Class 6 felony in accordance with the Arizona Revised Statute § 38-793.

Member Signature	Date
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